

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

REC'D MAY 10 1938

13178  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... | Registration District No. **791**  
 (b) Township..... | Primary Registration District No. **1003**  
 (c) City **St. Louis Mo.** (d) Street No. **Jewish Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3782**

**2. PRINT FULL NAME**

**Daniel Breck** *62.0*

(a) Residence, No. **5959 Clemens Ave.** St. **6** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alina Breck**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 27, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**76 8 25**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Gen. Construction**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation **30**

12. BIRTHPLACE (CITY OR TOWN) **Richmond, Ky.**  
 (STATE OR COUNTRY)

FATHER 13. NAME **Robert L. Breck**  
 14. BIRTHPLACE (CITY OR TOWN) **Ky.**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Martha Rolles**  
 16. BIRTHPLACE (CITY OR TOWN) **Ky.**  
 (STATE OR COUNTRY)

17. INFORMANT **Alina Breck**  
 (ADDRESS) **5959 Clemens Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Richmond Ky.** DATE **Apr. 24, 1938**

19. FUNERAL DIRECTOR **Alexander & Sons**  
 (ADDRESS) **6175 Delmar Blvd.**

20. FILED **APR 23 1938** *J. D. Breck*  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1938**, to **April 22, 1938**  
 I last saw him alive on **April 22, 1938**. Death is said to have occurred on the date stated above, at **5:30 p.m.**

The principal cause of death and related causes of importance were as follows:

**Coronary Occlusion** *PH* **4/24/38**  
**Arteriosclerosis** ?

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify **Arteriosclerosis**  
 (Signed) **Albert E. Tausig, I., M. D.**  
 (Address) **4674 Olive St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, jos. E. McCulloch, Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

~~No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.~~

Signed jos. E. McCulloch  
Licensed Embalmer No. 2460

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**